



# RESOURCE MANAGEMENT AGENCY

## Environmental Health Department

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### **Farmer's Market/ Swap Meet Health Permit Application for Permitted Mobile Food Facility, Pre-packaged Food Booth, and Whole Produce Booths at Farmer's Markets and Swap Meets** Please complete all sheets of the Application. Pg 1 of 2

#### **MOBILE FOOD FACILITY/PRE-PACKAGE FOOD BOOTH OWNER/OPERATOR INFORMATION**

Owner/Operator Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Cell Phone: ( ) \_\_\_\_\_ Fax Phone: ( ) \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ E Mail: \_\_\_\_\_

#### **EVENT INFORMATION**

\_\_\_\_ FARMER'S MARKET \_\_\_\_ SWAP MEET: \_\_\_\_ WEDNESDAY \_\_\_\_ SUNDAY

Organizer/Sponsor Name: \_\_\_\_\_ Organizer Phone: ( ) \_\_\_\_\_  
Event Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ End Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### **MOBILE FOOD FACILITY/PRE-PACKAGE FOOD BOOTH INFORMATION**

Mobile Food Facility/Pre-packaged Food Booth Name : \_\_\_\_\_

Mobile Food Facility Permit Number (if applicable) : \_\_\_\_\_

Number of Your Booths at this Event \_\_\_\_ of \_\_\_\_ Attach a completed Health Permit Application for Each Booth.

☐ Food Processing Booth, Provide Ag. Permit/Sellers Permit Number(s) : \_\_\_\_\_

#### **NAME OF OFF-SIDE FOOD PREPARATION FACILITY, IF APPLICABLE**

(Business Name where food is prepared prior to the event) : \_\_\_\_\_

Address of Permitted Facility \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_

***All foods must be prepared and stored in a facility with a valid Health Permit. (No home preparation or storage)***

Non-Profit: ☐ 501-C3 (Provide Copy)

☐ For Profit

☐ I am operating for the benefit of a non-profit association (if this box is checked, please read below and sign where indicated)

☐ VA Exception DD-214  
(Provide Copy)

Non-Profit Association : 1. Name \_\_\_\_\_  
2. Contact # \_\_\_\_\_

Note\*An organization that was organized and is in operation for charitable purposes and meets the requirements of CalCode Section 113842, Section 214 of the Revenue and Taxation Code. A corporation incorporated pursuant to the Nonprofit Corporation LAW (Division 2 (commencing with Section 5000) of Title 1 of the Corporations Code), that is exempt from taxation pursuant to paragraphs (1) to (10), inclusive, and paragraph (19) of Section 501 (c) of the Internal Revenue Code and Section 23701d of the Revenue and Taxation Code. Organizers/Food Vendors that comply with CalCode Section 113789(c)(1) certify by signing below that they will receive no monetary benefit other than that resulting from recognition for participating in this event and are not subject to a health permit fee.

\*All fees paid in advance of the event. No money will be collected on-site. Permit fees are as per the most current fee schedule approved by the Board of Supervisors. Failure to comply with the above conditions may result in closure of food booths and/or additional fees. Applications and payments or copies of tax exemption status must be received by Madera County Environmental Health Dept. at least 14 working days prior to the event date.

*I have read, understood, and will abide by the requirements for Sales of food from a Farmers Market/Swap Meet Booth or Mobile Food Facility.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:** ☐ ANNUAL MFF WITH CITY/COUNTY BUSINESS LICENSE  
☐ ANNUAL MFF OPERATE AT SWAP MEET/FARMER MARKET ONLY  
☐ PRODUCE/DRIED INGREDIENT ONLY

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**Please list all foods to be served and key equipment to be used in the booth**

Name of Food or Beverage	Prepared off-site (Circle one)		Equipment to be used to hold the food at a safe temperature. <i>Cold</i> -Less than 41 ° F, or <i>Hot</i> -Greater than 135 ° F
	Y	N	
1	Y	N	
2	Y	N	
3	Y	N	
4	Y	N	
5	Y	N	
6	Y	N	

**Required Equipment**

<b>Thermometer</b>	<input type="checkbox"/> Probe type (0 ° F to 200 ° F) must be available for monitoring temperatures of perishable food.
<b>Handwashing Facilities</b>	<input type="checkbox"/> Plumbed sink  <input type="checkbox"/> Gravity flow container with spigot/faucet to allow water flow with both hands free. <i>As a minimum, you need 5 gallons of water in a container with a "hands free" spigot, a bucket to catch wastewater, a liquid or powder soap in a dispenser and paper towels.</i>
<b>Utensil Washing Facilities</b>	<input type="checkbox"/> Plumbed 3 compartment sink provided in booth-provide sanitizer test strips.  <input type="checkbox"/> Portable heated 3 compartment sink with hot and cold mixing faucet in booth-provide sanitizer test strips.  <input type="checkbox"/> A maximum of 4 booths may share one Plumbed/Portable 3-compartment sink-provide sanitizer test strips.  <input type="checkbox"/> Use of 3 separate 5 gallon dish tubs/buckets in booth-provide sanitizer test strips. <b><i>"Sanitizer" (one tablespoon of Bleach for each gallon of water)</i></b>

**Please Answer the Following**

<b>Food Preparation (Washing Facility)</b>	For foods that need to be washed (produce, etc.). Where will you do it?
<b>Food Transportation</b>	How is food kept <b>hot or cold</b> during transportation to the event?

**\*\*\* No Home Preparation or Storage of Food.**

**\*\*\* Utensils and equipment must arrive at the event in clean and sanitary condition.**

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